

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PDZ Domain Interactions and Lipid Rafts

Attorney Docket Number:: 020054-002310US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 23

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: S.
Family Name:: Lu
Name Suffix::
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 99 East Middlefield Road, No. 29
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Spain
Status:: Full Capacity
Given Name:: Chamorro
Middle Name:: Somoza
Family Name:: Diaz-Sarmiento
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 180 Emerson Street
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name::
Family Name:: Seed
Name Suffix::
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: Massachusetts General Hospital
Postal Address Line Two:: Molecular Biology
Postal Address Line Three:: 55 Fruit Street
City of Mailing Address:: Boston
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Ramnik

Middle Name::

Family Name:: Xavier

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: Massachusetts General Hospital
Postal Address Line Two:: Gastrointestinal Unit, Jck 7
Postal Address Line Three:: 55 Fruit Street
City of Mailing Address:: Boston
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bryan
Middle Name:: Allen
Family Name:: Irving
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 587 Arkansas Street
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94107

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	30,223	William M. Smith
Associate	42,271	Scott L. Ausenhus
Associate	41,303	Andrew T. Serafini

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/269,523	02/16/01
This Application	Non-Provisional of	60/269,522	02/16/01
This Application	Non-Provisional of	60/269,694	02/16/01